

## Low Income Health Program (LIHP) Frequently Asked Questions (FAQs) - Additional

Topic	No.	Question	Answer
Age Criteria	1	Can age criteria be limited to a smaller group than 19-64?	No.
Allocations	2	Can the HCCI allocation that the state receives from the federal government be rolled over from year to year?	The HCCI allocation may be rolled into a subsequent year upon CMS approval.
	3	If a county does not apply for HCCI by February 14, 2011, can the county submit another application later to include HCCI in its LIHP?	Yes.
Application	4	If a County does not apply for an HCCI and wants to apply for an MCE after February 14th, can it reapply on the next application period, after the implementation for this round?	Yes, refer to the Revised Program Requirements and Application Process Document and the Timeline for LIHP Implementation Process.
Benefits	5	Could a county provide an additional service that is not Medicaid eligible and receive federal funding?	No.
	6	If the counties don't implement an HCCI, what benefits are provided to existing HCCI and HCCI enrollees enrolled between November 1, 2010 and the county implementation of the new LIHP?	If the county doesn't implement a HCCI program, the county must continue to provide the HCCI benefits and services pursuant to paragraph 63b of the STCs under the new California Bridge to Reform Demonstration for the existing and new HCCI enrollees.
Cost Sharing	7	Will counties be allowed to charge copays for certain services?	Yes, but they must be limited to a five percent aggregate cost sharing limit per family. Refer to the Cost Sharing Requirements in the Revised Program Requirements and Application Process document.
	8	Section 70a provides the cost sharing parameters for the MCE participants. When does this go into effect?	The cost sharing parameters are effective on the implementation date for the local LIHP.
Current CI Enrollees	9	What happens to enrollees with family incomes at or below 133 percent who were enrolled in the current HCCI program on November 1, 2010 but whose family income exceeds the MCE upper income limit set by their participating county?	When LIHP is implemented they are considered to be an existing MCE enrollee and at redetermination continue to be eligible under the income limit in effect during their initial eligibility determination.
Current CI Enrollees Transition to New Program	10	For counties with existing HCCI enrollees, would it be correct to assume that when our LIHP is implemented we are supposed to move people enrolled in the current HCCI program into our MCE program (as determined by income) and that the people whose income exceed the MCE threshold of 133 percent of the FPL would be the new HCCI program?	Yes.
Disenrollment	11	Section 62bi lists disenrollment reasons for HCCI recipients. Is this an exclusive list? Can a CI have other disenrollment reasons such as inaccurate information on application, etc.?	This list is exclusive; however, DHCS has proposed to CMS additional reasons through the technical corrections process.
Eligibility	12	Are individuals, such as a pregnant woman, who are eligible for only restricted scope Medi-Cal eligible for LIHP?	No. If an individual is eligible for Medi-Cal, he/she is not eligible for LIHP.
	13	Is there a HCCI crowd out requirement that eligible adults must not have had commercial health insurance coverage in the three months prior to enrollment in HCCI?	No.
	14	Can an individual LIHP limit the allowable 19-64 years of age eligibility criteria?	No.

## Low Income Health Program (LIHP) Frequently Asked Questions (FAQs) - Additional

Topic	No.	Question	Answer
Eligibility	15	Can a county implement only an HCCI program and not an MCE program?	No.
	16	Please clarify the STC provision that no FFP will be available for counties that enroll new HCCI applicants at the exclusion of MCE applicants.	DHCS must submit reasonable procedures and monitoring plans to CMC for approval that ensure counties enroll MCE applicants prior to HCCI applicants.
	17	Section IAE and Section IAF of the Expenditure Authority both state that the existing populations for HCCI and MCE are those "but who do not meet the income eligibility requirements under the Demonstration for the Low Income Health Program in their county of residence, based on available funding as described in the Safety Net Care Pool STCs." Please explain.	DHCS submitted a technical correction to CMS regarding these provisions. DHCS will provide further clarification after CMS finalizes the technical corrections.
	18	Medi-Cal roles have expanded considerably in the last few years because of the recession. Could retention of those added be considered a coverage expansion?	No. Medi-Cal eligibles are not eligible for LIHP.
	19	Section 63a provides the list of MCE population core benefits to the extent available under the California State Plan. Please clarify what "to the extent available under the California State Plan" means for the purposes of MCE recipients.	The limitations under the State Plan for these same services would apply, such as number of visits, prior authorization requirements, etc.
Enrollment	20	Can a county enroll more people in HCCI than in MCE?	As long as anyone that meets the eligibility for MCE is enrolled, there is no enrollment cap on the MCE, and the upper income limit for MCE has not been reduced below 133 percent of the FPL, eligible individuals can continue to be enrolled in the HCCI.
	21	Can new applicants be enrolled in the current ten HCCI counties after November 1, 2010 before the new LIHP is implemented?	Yes, however federal reimbursement for the expenditures for these new enrollees is at risk until CMS has approved the claiming protocol for the LIHP.
	22	Can new MCE applicants be enrolled in the current ten HCCI counties after November 1, 2010 at family incomes above the upper income limit the county sets for MCE program?	Once the county has indicated in its LIHP application that it will reduce the upper income limit for MCE below 133 percent of the FPL, new applicants with a family income above the reduced upper income limit can not be enrolled.
	23	Can new HCCI applicants be enrolled in the current ten HCCI counties after November 1, 2010 with family incomes above 133 percent of the FPL if the county sets the upper income limit for MCE below 133 percent?	No. If the county reduces the MCE upper income limit below 133 percent of the FPL, applicants eligible for HCCI can not be enrolled.
	24	Will enrollees who were enrolled in the Medi-Cal Hospital/Uninsured Care Demonstration on November 1, 2010 be grandfathered or automatically enrolled?	Yes. Any HCCI enrollee who was enrolled on November 1, 2010 is automatically an existing HCCI or existing MCE enrollee depending on the family income level.
	25	Once we have chosen an income threshold, can we PREFERENTIALLY enroll our most vulnerable populations.	No.
FFP	26	If First 5 funds are used to provide insurance coverage for uninsured service providers funded by the program (for example, childcare providers in support of the Healthy Kids program) that would, otherwise, not have insurance), does that qualify as local match for federal draw down?	No

## Low Income Health Program (LIHP) Frequently Asked Questions (FAQs) - Additional

Topic	No.	Question	Answer
FQHC	27	What will the approach be for counties that don't have an FQHC?	DHCS proposed to CMS a technical correction to the STCs to require that a LIHP must contract with or otherwise offer services through at least one FQHC, if such a health center exists in the county or geographic service area. DHCS will provide further clarification on this issue after CMS finalizes the technical corrections.
	28	Does the federally-qualified health center provision apply to entire LIHP population or just the MCE population?	This provision applies to the entire LIHP population.
Income Requirements	29	Do we have to apply the same income eligibility requirements (i.e. % of FPL) for the mental health population?	Yes.
	30	If a county establishes the upper income limit for MCE to a level below the 133% FPL limit, will that county be allowed to drop the income level of HCCI to below 133% of FPL?	No, once the upper income limit for MCE is reduced below 133 percent of the FPL, a HCCI program can not be implemented.
Mental Health Services Carve Out	31	Are mental health services that are carved-out of LIHP eligible for reimbursement?	Yes, as long as they are within the minimum core benefits or approved by CMS as add-on services.
Provider Network	32	In a LIHP closed network are providers usually either part of the LIHP governmental entity or under contract to provide services?	Yes.
Reimbursement Mechanism	33	Can counties use different types of reimbursement claiming in their LIHP?	Yes. Counties can use either the cost-based reimbursement mechanism or capitation rates to claim FFP for the MCE, HCCI, or the mental health services delivery system carved out of their LIHP delivery system.